



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF BUDGET AND FINANCE

**RESIDENTIAL TREATMENT AGENCY TAX CREDIT APPLICATION**

ORGANIZATION NAME (RECEIVING THE DONATION)		
ADDRESS		
TELEPHONE NUMBER	LICENSE NUMBER	
<b>DONOR INFORMATION (ATTACH ADDITIONAL PAGES IF NEEDED)</b>		
TAXPAYER TYPE (*PROVIDE SHAREHOLDER'S NAMES, SOCIAL SECURITY NUMBERS, AND PERCENTAGE OF OWNERSHIP)		
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership* <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation* <input type="checkbox"/> LLC* <input type="checkbox"/> Financial Institution <input type="checkbox"/> Insurance Company		
TAXPAYER/BUSINESS NAME	TAXPAYER TELEPHONE NUMBER	
TAXPAYER ADDRESS	TAXPAYER IDENTIFICATION NUMBER (SOCIAL SECURITY NUMBER)	
AMOUNT OF DONATION	AMOUNT OF TAX CREDIT (50% OF THE DONATION)	
DATE OF DONATION	FOR OFFICIAL USE ONLY: TAX CREDIT NUMBER	
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<b>DONOR TOTALS (ALL PAGES)</b>		
TOTAL NUMBER OF CERTIFICATES REQUESTED	TOTAL AMOUNT OF CREDITS REQUESTED (ENCLOSE REMITTANCE IN THE SAME AMOUNT)	
In accordance with section 135.1142 RSMo, I certify that the information provided above is true and accurate. On the dates indicated, _____ accepted the indicated monetary donation(s) from the above named taxpayer(s). (ORGANIZATION NAME)		
Donations will be used solely to provide direct care services to children who are residents of this state. Direct care services include but are not limited to increasing the quality of care and service for children through improved employee compensation and training. I also understand the amount of the certificate will be reduced if it is determined the taxpayer has an outstanding balance owed to the Missouri Department of Revenue (Section 135.815 RSMo).		
EXECUTIVE DIRECTOR SIGNATURE		
PRINTED NAME	DATE	<b>FOR OFFICIAL USE ONLY</b>
Remit to:            Department of Social Services Attention: Residential Treatment Agency Tax Credit P.O. Box 853 Jefferson City, MO 65102-0853  Certificates will be mailed directly to the taxpayer. <b><i>All incomplete or inaccurate applications and payments will be returned to the Residential Treatment Agency.</i></b>		DSS APPROVAL
		DATE PROCESSED

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**INSTRUCTIONS**

1. Provide the organization's LEGAL name.
2. Provide the organization's physical address in addition to a P.O. Box (if applicable)
3. Provide the license number listed on the contract with Children's Division.
4. Taxpayer type - place and (X) in the appropriate box and provide supporting documentation indicated if applicable.
5. Taxpayer name should be the complete name submitted on annual income tax returns.
6. Taxpayer identification is either the tax identification number or social security number.
7. Amount of donation is the total funds received.
8. Amount of tax credit is equal to 50% of the donation(s) received.
9. Number of certificates should be the total number of certificates requested to be issued.
10. Total amount of tax credits requested should be the total of the individual amounts submitted for each taxpayer. Submit payment to the Department of Social Services equal to this amount.
11. All applications and supporting documentation must be submitted to:

**Department of Social Services  
Attention: Residential Treatment Agency Tax Credit  
P.O. Box 853  
Jefferson City, MO 65102-0853**